

Marketplace Plan Comparison Worksheet

How to Use the Marketplace Plan Comparison Worksheet

The Marketplace Plan Comparison Worksheet is a tool intended for marketplace enrollment assisters (i.e. navigators, In-Person Assisters, Certified Application Counselors) when helping consumers with the process of comparing marketplace qualified health plans (QHPs) and selecting the plan that best meets their needs.

The Worksheet allows you to compare up to three marketplace QHPs side-by-side on a number of different features. Some consumers may be returning clients who currently have a marketplace plan and are seeking help with renewal; in these cases, it may be useful to include the client's current plan in the first column marked *Option 1* so that the consumer can compare the new plan options with what he or she currently has.

As you and your client review health plans on Healthcare.gov or other marketplace websites, you can write down and compare the different features of each health plan, including:

- The insurance company name, insurance plan name, metal tier of the plan, and plan type (HMO, PPO, POS, etc).
- The insurance plan's monthly premium (after the tax credit is applied).
- The deductible amount (which is the amount a consumer must pay themselves before the plan begins to start paying for services and the consumer only has to pay the copay or coinsurance). The plan may have separate values for a medical deductible and a drug deductible, or one combined deductible. If it is a family plan, you can note whether it is an aggregate or embedded deductible.
- The out-of-pocket maximum (which is the maximum amount that a consumer would be required to pay in cost-sharing expenses at in-network providers in a given year—once a consumer reaches this amount, the plan will pay for all other in-network expenses for the rest of the year).
- Copays and coinsurance amounts for commonly used services, such visits to the primary care provider, specialist, emergency room, inpatient hospitalization as well as for filling a prescription for a generic, preferred brand name, non-preferred brand name, or specialty medication. Be sure to note whether or not the deductible applies to that service by using the corresponding box. (If the plan covers out-of-network providers, you can note the out-of-network copay/coinsurance in the box provided.)
- Copay/coinsurance information for up to four more benefits/services based on the consumer's interests and health care needs in the rows marked "Other service."
- Whether or not the consumer's current doctor(s) or preferred hospital or hospital network are in the plan's network.
- Whether or not the consumer's prescription medication is covered on the plan's formulary, and which drug tier it is listed under (generic: tier 1, preferred brand name: tier 2, non-preferred brand name: tier 3, or specialty: tier 4).
- Other considerations: any other considerations that are important to the consumer, for example, whether or not each plan includes coverage for pediatric dental care or chiropractic services, or how many providers are in network near the consumer's zip code that speak the consumer's preferred language, or what the limit is on the number of visits allowed for physical therapy.

Marketplace Plan Comparison Worksheet

Applicant Name: _____ **APTC (monthly):** _____ **Date:** _____
of people in the plan: _____ **Eligible for cost-sharing reductions?** No 73% AV 87% AV 94% AV

Option 1 (or Current Plan)	Option 2	Option 3
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Insurance company			
Health plan name			
Metal tier (Bronze, Silver, Gold, Platinum)			
Plan type (HMO, PPO, POS, EPO, or other)			
Monthly premium (after tax credit)			
Deductible (medical/drug or combined)			
Out-of-Pocket Maximum (OOP Max)			
<i>OUT-OF-NETWORK DEDUCTIBLE / OOP MAX</i>			

COST-SHARING CHARGES (COPAYS / COINSURANCE)	AMOUNT		AMOUNT		AMOUNT	
	PRE-DEDUCTIBLE	AFTER DEDUCTIBLE	PRE-DEDUCTIBLE	AFTER DEDUCTIBLE	PRE-DEDUCTIBLE	AFTER DEDUCTIBLE

	PRE-DEDUCTIBLE	AFTER DEDUCTIBLE	PRE-DEDUCTIBLE	AFTER DEDUCTIBLE	PRE-DEDUCTIBLE	AFTER DEDUCTIBLE
Primary Care Provider (PCP) visit						
<i>OUT-OF-NETWORK (IF APPLICABLE)</i>						
Specialist visit						
<i>OUT-OF-NETWORK (IF APPLICABLE)</i>						
Generic (Tier 1)						
<i>OUT-OF-NETWORK (IF APPLICABLE)</i>						
Preferred brand name (Tier 2)						
<i>OUT-OF-NETWORK (IF APPLICABLE)</i>						
Non-preferred brand name (Tier 3)						
<i>OUT-OF-NETWORK (IF APPLICABLE)</i>						
Specialty (Tier 4)						
<i>OUT-OF-NETWORK (IF APPLICABLE)</i>						
Emergency Room (ER) visit						
<i>OUT-OF-NETWORK (IF APPLICABLE)</i>						
Inpatient hospital stay						
<i>OUT-OF-NETWORK (IF APPLICABLE)</i>						
Other service:						

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	Option 1 (or Current Plan)		Option 2		Option 3	
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	PRE-DEDUCTIBLE	AFTER DEDUCTIBLE	PRE-DEDUCTIBLE	AFTER DEDUCTIBLE	PRE-DEDUCTIBLE	AFTER DEDUCTIBLE
Other service:						
Other service:						
Other service:						

HEALTH CARE PROVIDERS	IN NETWORK/COVERED?	IN NETWORK/COVERED?	IN NETWORK/COVERED?
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Current doctor/provider:			
Other provider or hospital:			
Current prescription(s):			
Other prescription(s):			

OTHER CONSIDERATIONS

Other consideration:	
Other consideration:	
Other consideration:	
Other details to note:	